



## UNITED STATES PATENT AND TRADEMARK OFFICE

UNITED STATES DEPARTMENT OF COMMERCE  
 United States Patent and Trademark Office  
 Address: COMMISSIONER FOR PATENTS  
 P.O. Box 1450  
 Alexandria, Virginia 22313-1450  
 www.uspto.gov



Bib Data Sheet

CONFIRMATION NO. 1317

|  |   |                            |                               |  |
|--|---|----------------------------|-------------------------------|--|
| <b>SERIAL NUMBER</b><br>10/822,219   | <b>FILING OR 371(c) DATE</b><br>04/09/2004<br><b>RULE</b>   | <b>CLASS</b><br>713        | <b>GROUP ART UNIT</b><br>2136 | <b>ATTORNEY DOCKET NO.</b><br>436/8                            |
| <b>APPLICANTS</b><br>Atam P. Dhawan, Randolph, NJ;   |   |                            |                               |  |
| <b>** CONTINUING DATA *****</b><br>This appln claims benefit of 60/461,636 04/09/2003  |   |                            |                               |  |
| <b>** FOREIGN APPLICATIONS *****</b>   |   |                            |                               |  |
| <b>IF REQUIRED, FOREIGN FILING LICENSE GRANTED **</b><br>06/22/2004  |   |                            |                               |  |
| <b>** SMALL ENTITY **</b>  |   |                            |                               |  |
| Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no<br>35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after allowance<br>Verified and Acknowledged <u>                    </u><br>Examiner's Signature <u>                    </u> Initials <u>                    </u> | <b>STATE OR COUNTRY</b><br>NJ   | <b>SHEETS DRAWING</b><br>7 | <b>TOTAL CLAIMS</b><br>26     | <b>INDEPENDENT CLAIMS</b><br>5                                 |
| <b>ADDRESS</b><br>27538  |   |                            |                               |  |
| <b>TITLE</b><br>Methods and apparatus for multi-level dynamic security system  |   |                            |                               |  |
| <b>FILING FEE RECEIVED</b><br>590  | FEES: Authority has been given in Paper<br>No. _____ to charge/credit DEPOSIT ACCOUNT<br>No. _____ for following: |                            |                               |  |
|  |   |                            |                               | <input type="checkbox"/> All Fees                              |
|  |   |                            |                               | <input type="checkbox"/> 1.16 Fees ( Filing )                  |
|  |   |                            |                               | <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) |
|  |   |                            |                               | <input type="checkbox"/> 1.18 Fees ( Issue )                   |
|  |   |                            |                               | <input type="checkbox"/> Other _____                           |
|  |   |                            |                               | <input type="checkbox"/> Credit                                |